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**CENTRAL FAX CENTER****FACSIMILE COVER SHEET****FEB 25 2005**Deliver to: Eric Coleman, USPTOArt Group: 2183Facsimile No.: 703-872-9306Date: February 25, 2005From: William W. Schaal, Reg. No. 39,018Our Docket No.: 42390P11319Number of pages 12 including this sheet.Application No.: 10/039,113Filing Date: 1/2/2002Docket Due Date(s): 10/28/2004

Enclosed are the following documents:

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Amendment: Response ( <u>8</u> pgs)                                     | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Appeal Brief ( <u>    </u> pgs)  | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application: <u>                    </u><br>( <u>    </u> pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: <u>                    </u>                |
| <input type="checkbox"/> Assignment & Cover Sheet ( <u>    </u> pgs)  | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
| <input checked="" type="checkbox"/> Certificate of Facsimile <u>                    </u>                    | <input type="checkbox"/> Reply Brief ( <u>    </u> pgs)                           |
| <input type="checkbox"/> Continued Prosecution Application (CPA)  | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Declaration & POA ( <u>    </u> pgs)   | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Drawings: <u>    </u> sheets, <u>    </u> figures                                  | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: <u>                    </u>                                     | <input type="checkbox"/> Response to Written Opinion ( <u>    </u> pgs)           |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)  | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> IDS & PTO/SB/08 ( <u>    </u> pgs)   | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input type="checkbox"/> Other <u>                    </u>  | <input checked="" type="checkbox"/> Transmittal Letter                            |

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Susan McFarlane

02/25/2005

Date

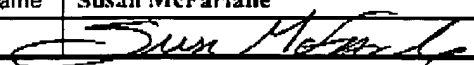
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|   |    |                        |                     |
|---|----|------------------------|---------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application No.        | 10/039,113          |
|   |    | Filing Date            | January 2, 2002     |
|   |    | First Named Inventor   | Guillermo Savranski |
|   |    | Art Unit               | 2183                |
|   |    | Examiner Name          | Eric Coleman        |
| Total Number of Pages in This Submission  | 11 | Attorney Docket Number | 42390P11319         |

| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Remarks   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | William W. Schaal, Reg. No. 39,018<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature                                  |  |
| Date                                       | February 25, 2005  |

| CERTIFICATE OF MAILING/TRANSMISSION  |   |      |                   |
|--|---|------|-------------------|
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| Typed or printed name  | Susan McFarlane   |      |                   |
| Signature  |  | Date | February 25, 2005 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) US/04/2004  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

|   |  |                          |                     |
|---|--|--------------------------|---------------------|
| <b>FEE TRANSMITTAL<br/>for FY 2005</b><br><small>Patent fees are subject to annual revision.</small>                        |  | <i>Complete if Known</i> |                     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00 |  | Application Number       | 10/039,113          |
|   |  | Filing Date              | January 2, 2002     |
|   |  | First Named Inventor     | Guillermo Savranski |
|   |  | Examiner Name            | Eric Coleman        |
|   |  | Art Unit                 | 2183                |
|   |  | Attorney Docket No.      | 42390PT1319         |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____   |  |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. |  |

| <b>FEE CALCULATION</b>   |          |              |                |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
|--|----------|--------------|----------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|------|------|------------------------|-------------------------------------|-----|------|-----|-----------------------------------|------|--|------|------|---------------------------------------|------|-----|---------------------------|-----|---|------|------|------|--|--|------|-----|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|----------------------------|--|--|--|--|--|--------------|--|--|--|----|
| <b>1. EXTRA CLAIM FEES</b>   |          |              |                |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Total Claims   | 18       | 30*          | Extra Claims   | 0  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Independent Claims   | 3        | 6*           | Fee from below | 50.00  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Multiple Dependent   |          |              |                | 200.00   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
|  |          |              |                | \$0.00   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
|  |          |              |                | \$0.00   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1204</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Release independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Resubmit claims in excess of 20 and over original patent</td> </tr> </tbody> </table>  |          |              |                |  | Large Entity |  | Small Entity |  | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202     | 50   | 2202 | 25   | Claims in excess of 20 | 1204                                | 200 | 2201 | 100 | Independent claims in excess of 3 | 1203 | 360  | 2203 | 180  | Multiple Dependent claim, if not paid | 1204 | 300 | 2204                      | 150 | **Release independent claims over original patent | 1205 | 300  | 2205 | 150                                    | **Resubmit claims in excess of 20 and over original patent |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Large Entity   |          | Small Entity |                | Fee Description  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$)       |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1202   | 50       | 2202         | 25             | Claims in excess of 20   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1204   | 200      | 2201         | 100            | Independent claims in excess of 3                                |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1203   | 360      | 2203         | 180            | Multiple Dependent claim, if not paid                            |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1204   | 300      | 2204         | 150            | **Release independent claims over original patent                |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1205   | 300      | 2205         | 150            | **Resubmit claims in excess of 20 and over original patent       |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| SUBTOTAL (1)   |          |              |                | \$ 0.00  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| <b>2. ADDITIONAL FEES</b>  |          |              |                |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>2053</td> <td>130</td> <td>2053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,690</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>2451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1400</td> <td>130</td> <td>2460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1407</td> <td>50</td> <td>1007</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(a)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>1809</td> <td>780</td> <td>1809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>780</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify): _____</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>\$</td> </tr> </tbody></table> |          |              |                |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                     | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052                              | 25   | Surcharge - late provisional filing fee or cover sheet |      | 2053 | 130                                   | 2053 | 130 | Non-English specification |     | 1251  | 120  | 2251 | 60   | Extension for reply within first month |  | 1252 | 450 | 2252 | 225 | Extension for reply within second month |  | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1,690 | 2254 | 795 | Extension for reply within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |  | 1400 | 130 | 2460 | 130 | Petitions to the Commissioner |  | 1407 | 50 | 1007 | 50 | Processing fee under 37 CFR 1.17(a) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 1809 | 780 | 1809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 780 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify): _____ |  |  |  |  |  | SUBTOTAL (2) |  |  |  | \$ |
| Large Entity   |          | Small Entity |                | Fee Description  | Fee Paid     |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$)       |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1051   | 130      | 2051         | 65             | Surcharge - late filing fee or oath                              |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1052   | 50       | 2052         | 25             | Surcharge - late provisional filing fee or cover sheet           |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 2053   | 130      | 2053         | 130            | Non-English specification  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1251   | 120      | 2251         | 60             | Extension for reply within first month                           |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1252   | 450      | 2252         | 225            | Extension for reply within second month                          |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1253   | 1,020    | 2253         | 510            | Extension for reply within third month                           |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1254   | 1,690    | 2254         | 795            | Extension for reply within fourth month                          |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1255   | 2,160    | 2255         | 1,080          | Extension for reply within fifth month                           |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1401   | 500      | 2401         | 250            | Notice of Appeal   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1402   | 500      | 2402         | 250            | Filing a brief in support of an appeal                           |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1403   | 1,000    | 2403         | 500            | Request for oral hearing   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1451   | 1,510    | 2451         | 1,510          | Petition to institute a public use proceeding                    |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1400   | 130      | 2460         | 130            | Petitions to the Commissioner                                    |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1407   | 50       | 1007         | 50             | Processing fee under 37 CFR 1.17(a)                              |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1806   | 180      | 1806         | 180            | Submission of Information Disclosure Stmt                        |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1809   | 780      | 1809         | 385            | Filing a submission after final rejection (37 CFR § 1.129(a))    |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| 1810   | 780      | 2810         | 385            | For each additional invention to be examined (37 CFR § 1.129(b)) |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| Other fee (specify): _____   |          |              |                |  |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |
| SUBTOTAL (2)   |          |              |                | \$   |              |  |              |  |                 |          |          |          |          |          |      |      |      |                        |                                     |     |      |     |                                   |      |  |      |      |                                       |      |     |                           |     |   |      |      |      |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |  |  |                            |  |  |  |  |  |              |  |  |  |    |

|                     |                   |                                   |                |
|---------------------|-------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                   | <i>Complete (if applicable)</i>   |                |
| Name (Print/Type)   | William W. Schaal | Registration No. (Attorney/Agent) | 39,018         |
| Signature           |                   | Telephone                         | (714) 557-3800 |
|                     |                   | Date                              | 02/25/05       |

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/039,113  
Amdt. Dated 2/25/2005  
Reply to Notice of Allowance of 12/28/2004

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                    |                     |                       |
|--------------------|---------------------|-----------------------|
| Application. No. : | 10/039,113          | Confirmation No. 1039 |
| Applicant :        | Guillermo Savransky |                       |
| Filed :            | 01/02/2002          |                       |
| TC/A.U. :          | 2183                |                       |
| Examiner :         | Eric Coleman        |                       |
| Docket No. :       | 42390P11319         |                       |
| Customer No. :     | 8791                |                       |

Commissioner for Patents  
Box Issue Fee  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT AFTER NOTICE OF ALLOWANCE**

**UNDER 37 C.F.R. §1.312**

Sir:

In response to the Notice of Allowance mailed on December 28, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.